

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

# ARIZONA STATE DEPARTMENT OF HEALTH

## DIVISION OF VITAL STATISTICS

(This return should preferably be made  
by the person who made the original)

### SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \* 159

Place of Birth Miami, County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD\* Male Twin Triplet or other? 1 } and { Number in order of birth 2

I HEREBY CERTIFY that the child described herein  
has been named

DATE OF BIRTH\* August 11 1925  
(Month) (Day) (Year)

Manuel

Rubio

(Give name in full)

(Surname)

FULL NAME FATHER

Agustin Rubio

FULL MAIDEN NAME MOTHER

Concha Isadora Flores

(Parent's Signature)

✓ Rufina S. Flores  
(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form. Midwife

Blank supplemental reports of birth may be obtained from the local registrar.

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496-811-362